



## Registration form

Print this form and fax back.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

COMPANY: \_\_\_\_\_

SEMINAR DATES ATTENDING: \_\_\_\_\_  
\_\_\_\_\_

HOW MANY PEOPLE ATTENDING?: \_\_\_\_\_

Please bill the cost of the classes to the following:

\_\_\_\_\_ Visa Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_ Mastercard Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

\_\_\_\_\_ Am. Express Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature/Authorization: \_\_\_\_\_  
\_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_

Please fax/mail the registration to:  
Kelmar and Associates, 2553 Jackson Keller #200  
San Antonio, TX. 78230  
Fax: (210) 342-0731 Phone (888) 873-1714